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ABSTRACT

Although educable mentally retarded (EMR) students exhibit deficiencies in general intellectual functioning and adaptive behavior, they, like other children, need successful school experiences and a vocation. They can develop personal and social skills necessary to obtain and hold jobs. Federal legislation has made career preparation of EMR students a concern of vocational education. The hands-on learning provided in vocational education and its relationship to the world of work make vocational education the best place for EMR students seeking job entry skill. Specific EMR student prevocational and vocational training needs must be assessed. A study sought to determine the success of the Oneida County (New York) prevocational multi-occupational training program in helping EMR students enter regular occupational programs, regular work experience programs, or full-time employment. Analysis of data from a questionnaire given to Oneida County teachers of EMR students reveals that 89 percent of the program's seventeen students entered a regular vocational program. Questionnaire-based recommendations include better preparation of EMR students to tolerate failure, acquaintance of students with various available jobs and agencies that help with job training and placement, and an attempt to get more guidance and evaluation help from outside sources. (MN)

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A Study of the Educable Mentally Retarded in a Multi-Occupational Program

Submitted by
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Table of Contents

Chapter		Page
I.	Introduction	1
II.	A Review of Literature	10
III.	Methods and Procedures	26
IV.	Findings of the Study	34
V.	Summary and Conclusions	49
	References	54

CHAPTER I

Introduction

Mental Retardation is a diverse condition which stems from an assortment of etiological sources, covers a wide range of impairments and is accompanied by varied social problems and issues (Adams, 1971).

Ever since the later part of the nineteenth century, mental retardation has been subjected to many different descriptions, depending on ones profession and whether one saw the problem in medical, educational, psychological or social terms. In 1973, the American Association on Mental Deficiency (A.A.M.D.) revised their Manual on Terminology and Classification and stated that "Mental Retardation refers to a significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior, and manifested during the developmental period" (Altman, 1977, p.10).

This definition according to (Altman, 1977) specifies that the individual must exhibit deficiency in two major ways: (1) general intellectual functioning and (2) adaptive behavior. By significantly subaverage intellectual functioning, the A.A.M.D. specifies and I.Q. on a standardized individual intelligence test, of less than 70. Adaptive behavior is defined as the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age and cultural group. Nevertheless, the main point is,

that for any child or adult to be appropriately labeled as mentally retarded, he must show significant deficiency in both intellectual and adaptive behavior.

Similarly, the widely used classification system employed by the A.A.M.D. specifies both intellectual and adaptive behavior criteria for designation of the individual to a level of mental retardation. The four levels specified are (1) mild, (2) moderate, (3) severe, and (4) profound retardation. Mild retardation is roughly equivalent to the educational term "educable" and is represented by an I.Q. of approximately 50 to 75. Moderate retardation includes those individuals who are likely to fall into the educational category of "trainable" and have I.Q.'s of approximately 35 to 50. Severely and profoundly retarded children generally have measured I.Q.'s below 35 and are only now beginning to receive educational services in public schools (Altman, 1977).

The etiologies or causes of mental retardation are as varied as the population of individuals represented by the condition. These causes can be grouped into three broad categories: (1) organic etiologies, (2) genetic etiologies, and (3) cultural etiologies.

Organic etiologies as described by (Altman, 1977) include those causes of mental retardation which are marked by an impaired central nervous system or brain damage and this condition may result before, during or after birth of the individual. Prenatal, perinatal and postnatal conditions that may lead to

central nervous system disorders and possibly mental retardation are physical injuries from accidents, severe nutritional insufficience, infectious conditions early in pregnancy and ingestion of toxic agents such as lead or mercury.

The genetic etiologies leading to mental retardation include syndromes inherited by both dominant and recessive genes such as tuberous silerosis and phenylkatonuria. Sometimes genetic derangements occur which are not due to inheritance and result in mental retardation such as Down's Syndrome or mongolism. It is important to stress that all of these organic and genetic etiologies in mental retardation are relatively rare and basically restricted to those cases of mental retardation, comprising the lowest levels of intellectual functioning and adaptive behavior (Altman, 1977).

By far, the majority of cases of mental retardation (at least 75%) are those whose deficits in intellectual and behavioral adaption are due to cultural etiology (substandard or lower economic environments) and they comprise the category of mild or educable level mental retardation. In order to achieve social and economic independence to the mazimum of their potential, these individuals will require specialized educational experience geared specifically to theri unique needs (Altman, 1977).

Background

Educable mentally retarded (EMR) students are basically much like other children. They have the typical needs of all

children for a secure home life, friendships, recreation, self expression, community acceptance, success in school, and a vocation. These pupils for the most part can achieve functional literacy, secure and hold jobs, and acquire personal and social skills to achieve successful adulthood adjustments (Chandler, 1977).

By acknowledging the heterogeneity of the educable mentally retarded population, there are generalizations that can be made about their ability to learn in school. These general characteristics have significant implications when planning approriate instruction for them, whether the students are in a self-contained special education class or in an integrated program with other learners (Chandler, 1977).

As stated by (Chandler, 1977) there are two important considerations to keep in mind about the educable mentally retarded learner. They will not progress as the usual rate of learning and will not achieve to the same level of knowledge and abilities as their chronological age peers. This means that instruction for these intellectually impaired learners must be based on the individual students needs and abilities and not on predetermined grade or age expectations or norms that are applied to non-retarded learners. Teachers of the EMR must be constantly working to provide an individualized program for these students to achieve their potential and overcome their particular learning limitations.

The EMR student is often perceived as and may be in fact troublesome and disruptive in the school setting. His behavioral

problems are likely to be further enhanced by the frustration he encounters in falling consistently behind his peers in school achievement as academic demands increase with advancing grade placements. The result is frequently a child who not only fails to progress satisfactorily in school, but one who compensates through aggressive behavior, and is characterized by a low frustration level and poor attention span (Altman, 1977).

Usually when the school program is modified through Special or Vocationsl Education programs designed specifically to meet the students unique needs and abilities, the offending social and behavioral difficulties are lessened. In general, this means concentrating on the motivational considerations underlying school achievement and assuring the student successful school experiences by minimizing the discrepancy between his readiness for academic activities expected of him (Altman, 1977).

It's interesting to note that when failures in vocational settings are reported for educable level retardates, the cause is most frequently related to problems in personal and social adjustment to the job setting rather than lack of ability to perform work skills (Altman, 1977)).

The preparation of the educable mentally retarded students for meaningful employment has become an educational concern in recent years. As the potential of the EMR to become effective workers, has been recognized, training programs have been developed and expanded.

Vocational programs were developed throughout the 1950's

and 1960's using primarily a segregated format. During the 1970's the concept of providing vocational education for the educable mentally retarded students within regular vocational programs has gained attention as an alternative to previous program models. This approach commonly referred to as mainstreaming involves: (1) providing educational opportunities in the least restrictive environment; (2) de-emphasizing the use of lables in determining educational needs; (3) creating alternatives to enable regular classroom teachers to serve the EMR students; and (4) uniting the skills of general education and special education so that all individuals can have an equal educational opportunity (Dietrich, 1978).

It is my belief that the Educable Mentally Retarded student can be prepared to become socially and economically independent through a sound vocational and career oriented program.

Statement of the Problem

To determine how the multi-occupational program at Oneida County B.O.C.E.S. has enabled High School Educable Mentally Retarded students, ages 15 to 20, with I.Q.'s ranging from 60 to 75, to meet one or more of the four following objectives:

Students completing the program will: (a) enter a regular occupational program at the B.O.C.E.S.; (b) be placed on a work experience program; (c) enter full-time employment (d) return to the local school for further work towards high school graduation.

Rationale

As pointed out by (Minton, 1977) most students today know very little about the world of work. This is especially true of the educable mentally retarded.

As a special education teacher for the past seven years, I would have to state that in general terms most educable mentally retarded students are extremely frustrated upon entering the high school setting. These same youth have become even more frustrated because of their difficulty with the school in terms of educational achievement.

After sending a number of EMR students to the Oneida County B.O.C.E.S., I'm in hopes that this study will prove that through the vocational and career oriented type educational program, these students have become more highly motivated and better prepared to successfully meet the challenge and demands of our working society.

Basic Assumptions

It is assumed that the multi-occupational program at the Oneida County B.O.C.E.S. has emphasized and developed a sound career exploration and awareness program for the educable mentally retarded student. By so doing, I believe the EMR student will develop proper work attitudes and habits.

Furthermore, it is assumed that the multi-occupational program will enable the EMR student to better explore the world of work through simulation and hands on experiences involving

materials, tools and personal relationships with career opportunities.

Limitations of the Study

This is a descriptive research study dealing with high school educable mentally retarded students in a multi-occupational program at the Oneida County B.O.C.E.S.

A survey of teachers involved with the multi-occupational program will be conducted to obtain a general concensus on having EMR students in the program. Then a detailed questionnaire will be distributed to teachers only, so as to determine how successful the EMR student was in the program and what that student was doing after completion of the program.

Definition of Terms

American Association on Mental Deficiency (A.A.M.D.): is the major professional association on mental retardation.

Mainstreaming: is defined as an educational programming option for handicapped youth which provides support to the handicapped student and his teachers while he pursues all or a majority of his education within a regular school program with non-handicapped students.

Multi-Occupational Program: is designed to provide pre-vocational experiences for students, who under normal circumstances, would not be ready to undertake a regular occupational program without rather intensive pre-vocational training.

B.O.C.E.S. or Board of Cooperative Educationsl Services is a multi-faceted educational organization whose existence derives from the cooperative effort of its components. Since its only reason for being is to serve those local schools which comprise it in any given area, it is wholly contingent upon such effort.

Summary

The ultimate success or failure for the educable mentally retarded student may well depend upon the quality and quantity of career related experiences provided during their secondary school years. Placing much emphasis on career oriented experiences for the EMR student is extremely important so as to develop in them a realistic outlook toward the formulation of career goals and to enhance their own self-image. By providing a sound career experience program for the EMR,he/she will have the best chance to develop their innate abilities to the fullest, and to reach a maximum level of self-sufficiency.

Chapter II

Introduction

Twenty years ago the federal role in education for the handicapped was extremenly limited. This has changed to where the goal of the fereral government will not be attained until all handicapped children receive an education to help them develop their individual abilities to the fullest (Parker, 1978).

As pointed out by (Goodman, 1976) the nation's handicapped are defined as the mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, other health impaired children, and children with specific learning disabilities.

As already stated this study will concern itself with the educable mentally retarded segment of the handicapped population. However, the term handicapped is used in the introduction to better relate to the reader the intentions of federal legislation geared toward improving educational oppurtunities for these people.

Most states today (Parker, 1978) mandate education for handicapped students. This includes a wide range of services including vocational education. The start of all this came with the Vocational Education Act of 1963. It provided vocational education "for persons who had academic, socio-economic, or other handicaps that prevented them from succeeding in the regular programs of vocational education." However, only a few states responded to the oppurtunities offered by this law. Thus the Vocational Education Amendments of 1968 were written.

with a view of emphasizing the importance of making high quality vocational education accessible to the handicapped. Implicit in the Act, was a shift in priorities to the needs of the student, and not the pre-determined structure of a certain course or program. Furthermore, the Amendments re-directed the emphasis in vocational education by earmarking money. Programs for the handicapped were identified as one of the categories for which the state had to set aside a certain percent of federal monies spent.

By 1972, three years after the "68" Amendments, it was reported that all states had designated at least one person on the state staff to assume major responsibility for planning, supervising and monitoring vocational programs identifying the handicapped population as well as their needs, resources, and techniques for meeting those needs. As a result, an increasing number of handicapped persons were receiving special services to enable them to succeed in vocational education programs (Parker, 1978).

In 1973, the federal government passed (Public Law 93-112) The Vocational Rehabilitation Act. Section 504 of the Act is a civil rights statute and contains no specific authorization for funds. However, it furthers the interests of the handicapped by identifying their vocational and social needs and emphasized that education and human service facilities must be accessible to handicapped people for purposes of employment (Weisgerber, 1978).

Congress in 1974 according to (Mclaughlin, 1976) took a major initiative to respond to calls for educational reform by creating an Office of Career Education within the U. S. Office of Education and a National Advisory Council for Career Education. At this time the U.S.O.E. developed three definitions that were essential to understanding the basis of career education: "Work" which was defined as a conscious effort, other than that involved in activities whose primary purpose is either coping or relaxation, aimed at producing benefits for oneself or for others. "Career" defined as the totality of work one does in her or his lifetime. And lastly, "Education" which is the totality of experiences through which one learns.

A major concept of career education that came out at this time, was that it is for all students at all levels of education. It is an infusion into all parts of education and into all educational programs, not just a new program to be added to the many that now exist (Mclaughlin, 1976).

During 1975, The Education of All Handicapped Children Act (PL 94-142) was passed by Congress. Often referred to as the "Bill of Rights for the Handicapped," guarantees a free and appropriate public education for each handicapped child, aged 3 to 21. It requires that an individualized educational program be devised for each handicapped student, based on current educational performance, short term objectives, and annual goals. Most importantly, it requires states and local education agencies to ensure that handicapped students have available to them the

same variety of programs and services that are available to non-handicapped students, including industrial arts, home ecomonics, and vocational education (Griffen and Smith, 1978).

The Role of Career Preparation

Career preparation is of particular importance for the educable, mentally retarded student because of the extreme difficulties and frustrations so many of them have in securing and maintaining satisfying employment throughout their life time. EMR persons need a heavy component of career-directed education; they need it as soon as possible and they will need it throughout their life time for different periods of their career development (Brolin, 1974).

Career Preparation of the EMR requires all members of the school community to share in each students career development. If the EMR students are to be served more appropriately and integrated where feasible, classroom teachers will need to better understand their needs and how to work with them. They will need to be more receptive to having them in their classrooms and provide them with more relevant instruction (Brolin, 1974).

The family and community personnel, as pointed out by (Brolin, 1974) are equally important in the total career development of each and every EMR student. This means that much of the education or competency attainment of the EMR individual is dependent on these sources as well as the school. Unfortunately, in too many instances, both are sorely neglected.

No matter how well a student is prepared for a career, he can still fail if the family is not involved and supportive. Family acceptance, stimulation, marital stability, and general family cohesion, can greatly aid in the educable mentally retarded student's growth and development.

To (Mckay, 1977) one of the best ways to try out or provide hands on experiences to EMR students is to utilize the community as a classroom. The earlier and more often these stucents can test their knowledge, skills and attitudes, in a real life situation, the easier it will be for them to develop interests, reasonable life goals, and career competencies necessary for career survival. The school cannot adequately provide these career experiences. Therefore the community must join with the school and become involved in the education process for EMR students living within the community.

According to (Mckay, 1977) no two communities are identical in demographic composition. However, all communities, possess the resources of people, places and things. The people are involved in a variety of occupational roles which depict the production of goods and services in the community. The community has things which are depicted by materials, tools, facilities, and equipment which can be used to enhance learning. Communities also have an abundant supply of ideas which can be incorporated by the school to achieve career preparation goals and objectives for the EMR.

(Mckay, 1977) states that career preparation for the EMR

student should be primarily directed at involving teachers, parents, businesses and minority groups. A secondary trust should be directed at such interests as civic clubs, news media, local government agencies, social service groups and special interest groups. Efforts expended toward these groups would focus on various processes, activities, products manufactured, and pre-conceived ideas held toward the particular businesses or industry.

Upon returning to school, the teacher and students could discuss the many facets of the businesses which were observed. The discussions could include tools, materials, equipment and worker reactions to questions asked by the students. This type experience could provide EMR students increased vocational maturity and positive feelings toward their community (Mckay, 1977).

As stated by (Baxter, 1979) in order to be employable, EMR people need training that prepares them for daily life, gives them the skills needed for particular occupations, and teaches them how to search for a job. This of course is the same kind of training that everybody else also needs. The requirements of the educable mentally retarded, differ, only in degree, not in kind.

In most cases, (Baxter, 1979) states that employers must be convinved that EMR students as well as other handicapped students can take care of themselves. Prospective EMR workers must therefore be able to handle for themselves such everyday activities as commuting to work. There are also other aspects

of daily life for which the EMR may need training. They may not have learned that: (1) they may be fired if they do not come to work on a snowy day; (2) when a fellow employee asks "how are you?" he or she does not want a full medical history; (3) fellow employees may not be interested in hearing details about their problems; (4) it's important to get along with fellow workers in order to stay on the job; and (5) they may be expected to join a union. And, according to Dr. William A. Fraenkel, a member of the President's Committee on the Employment of the Handicapped, the educable mentally retarded should be able to read signs such as "Exit, Entrance, In, Out, Firebox, Wet Paint, Danger, Stay Back and Don't Touch" long before they are ready to work.

Another side of career preparation that cannot be ignored for the EMR, and is often ignored even for non-handicapped students, concerns the training of the EMR enabling them how to search for a job. Many studies have established that EMR students that are taught how to find and apply for jobs have more success in landing them than those that don't (Baxter, 1979).

(Gooden, 1977) points out how the EMR student encounters a unique barrier to their acceptance by industry upon leaving the public school. Their success or failure in future employment may depend on the type of career-related experiences obtained during the secondary school years. Career preparation for the educable mentally retarded must be planned in view of the distinctive limitations of these students and in consideration

of their future occupational needs.

Furthermore, (Gooden, 1977) feels that career related instructional activities for the EMR student should bare a direct and readily discernible relationship to the actual job situation. Much emphasis should be placed on the development of a realistic outlook toward the formulation of career goals and the students reinforcement of his self-image. Paramount to the positive enhancement of these goals is the avoidance of an "unreal isolation" of the EMR student because he is not "normal."

The (PCEH, 1973) states that the trained EMR student often can make a greater contribution to an employer than the individual who may not be retarded, but who brings no particular skills or abilities. The key is proper placement.

Mental Retardation as explained by the (PCEH, 1973) by no means implies a total absence of skills and aptitudes. Only a person's intellectual capacity is retarded, not necessarily the rest of him. Some studies have shown EMR students with high degrees of clerical aptitude, mechanical aptitude, dexterity, and other types of skills. Proper training and placement can play up the skills and play down the retardation. There is a dollar and cents advantage to hiring the qualified EMR student. Like the physically handicapped, the educable mentally retarded, when placed on the right job, will return $10.00 in income taxes for every $1.00 spent for rehabilitation.

In occupations ordinarily showing a high degree of turnover, qualified EMR workers tend to excel. They display great stability. They prove more reliable, more loyal, more dependable than workers who are not mentally retarded. All of which boils down to the fact that on certain types of jobs, the qualified EMR student is an excellent worker. However, they must be given proper training and equal opportunity for employment. How else can they show their good traits (PCEH, 1973)?

As stated by (Brolin, 1974) preparation of the EMR for careers is an extremely complex and interdisciplinary task. In most cases much has to be done before one can say that this need has been met. Some of the main research needs that must be attended to if this goal is to be realized are:

1. To determine what competencies EMR students really need to be successful in todays social and economic society.
2. To determine how these competencies can be logically and systematically sequenced and infused into curriculum efforts.
3. To determine who can most appropriately assist the EMR in the acquisition of the various competencies and their specific responsibilities.
4. To determine which materials and experiences are most appropriate in teaching these competencies.
5. To develop resources for evaluating and monitoring each students competency attainment.
6. To determine the interrelationship of daily living, personal, social and occupational, and academic skills instruction in preparing EMR's for careers.
7. To determine how to use, motivate and assist regular classroom teachers and counselors to break down the traditional roles they have assumed throughout the years.

8. To determine how family members can contribute and be persuaded to assist in the career preparation of their child.

9. To determine how community agencies can become more involved in an out of school setting.

10. To determine how business and industry personnel can be appropriately utilized.

11. To discover more jobs that are appropriate for the EMR.

12. To find out what unique life-career development needs EMR students have and what special assistance they will need to maintain satisfying careers.

Role of Vocational Education

(Lintereur and Miller, 1978) stress that before the vocational education teacher can work with the educable mentally retarded student, they need to know that the primary deviation of EMR learners from that of normal learners is intellectual development. They need to know that EMR students can be educated, and that education must be so designed that it will effectively train these students to develop their natural powers and capacities.

Vocational education according to (Lintereur and Miller, 1978) is in a unique position to offer the EMR opportunities to explore interests and develop skills for use in future employment. Past maladjustment in school has often been attributed to the inability of the educable mentally retarded student to satisfy his need for achievement. In the vocational setting, achievement can be attained when students are give a chance

to enjoy activities and are able to see a purpose in what they are doing. The vocational instructor must be instrumental in providing experiences that all EMR students are able to accomplish. Success is the major factor to consider when dealing with these students.

The "hands on" type of learning provided with in vocational education, and its relationship to the world of work as making vocational education the best place for EMR students seeking job entry skills. These students must be allowed to maximize their potential through training opportunities if they are to become self-supporting members of society. If vocational skills are not provided to the EMR, our society will pay for the loss of manpower in higher unemployment, welfare, and apathy (Hartley, 1978).

(Jordan, 1978) feels that the majority of vocational courses are best taught when hands-on experiences are maximized and actual observed job skill performance is the criterion for determining success. Vocational instruction must extend beyond the confines of the school and make maximum use of all the resources in the community. The closer the EMR student gets to learning through actual work, the better the chances are for the student to learn the job skill quickly, correctly, and efficiently. It is disturbing to see vocational education teachers giving true/false tests, essay tests and multiple choice tests to determine if the EMR has the job skill in a certain occupation.

According to (Meer, 1978) vocational educators are experiencing an influx of EMR youth into their programs. To accomodate and program for these new students will require much thought and planning. As a result, Meer stressed certain questions that vocational educators must ask themselves before they attempt to deal with the educable mentally retarded learner. (1) Has the student been properly placed? (2) Has the student been provided with information and exploratory experiences that allow him or her to make meaningful and realistic career choices? (3) What is the precise learning problem? and (4) What modification must be made is either or both physical accomodations and curriculum? By taking a careful and analytical veiw of these new and unique student needs, a workable plan of study can be made for each student.

(Sitlington and Wimmer, 1978) stated that vocational assessment is an integral part of vocational education for the EMR, and should provide imformation in:

1) prevocational training needs, such as work habits and attitudes that need to be developed or modified;

2) specific vocational training needs, i.e., whether the student should be given on-the-job training or specific skill training in selected area;

3) most effective training methods to be used with the student both in school and on the job; and

4) best placement for the student at the end of the program.

To provide the general types of program planning and decision making discussed above, (Sitlington and Wimmer, 1978)

feel that the vocational assessment process must yield specific information in a number of different areas. These include: 1)medical; 2) educational; 3) personal/social; 4) interests; 5) work habits and attitudes; 6) aptitudes; and 7) learning style. To obtain data in these areas the following techniques are stressed. The first is the medical examination, which consists of referring the student to a doctor for a health check up. This assessment is essential to the overall planning for the EMR student and should be conducted before any type of job experience is undertaken. Another, is the paper and pencil tests, which can provide valuable information in respect to academic skills, knowledge of the world of work, and general and specific vocational interests after EMR. The Manual Dexterity Tests that focus specifically on performance in such areas as fine and gross motor dexterity, use of tools, and speed and accuracy performances.

The Commercially Developed Assessment Systems in which their major advantage is that development and standardization have been completed. Self-Developed Work Samples are another component of the assessment program. They are used to assess an EMR student's ability to perform specific work tasks, ability to use equipment and to meet skill requirements of certain types of jobs. Also, the use of behavior analysis techniques which set guidelines for observing behavior, describes the training environment, and represents the start of the training program. Lastly, is the situation assessment which involves

the observing of the EMR individuals in an actual work situation (Sitlington and Wimmer, 1978).

According to (Hartley, 1978) an increasing number of educable mentally retarded students are entering vocational programs at both the exploration and preparation level. However, vocational teachers are faced with inadequate backgrounds to work with these students. A report conducted in 1976 by the General Accounting Office, stated that only 2% of vocational teachers in school districts sampled, were trained to work with the EMR student. Also 78% of these school districts admitted their vocational teachers had insufficient backgrounds.

It is suggested that cooperative programs between special education teachers and vocational teachers be developed. For vocational teachers with no special education background are teaching EMR's and special education teachers with no background in vocational education are attempting to prepare these same students for employment. One way to eliminate this problem is to increase the amount of inservice training available to vocational and special education teachers. Such training would be in the form of workshops, seminars, and conferences, strictly designed in dealing with the educable mentally retarded student. This training would increase the understanding and awareness that vocational teachers would have about the educable mentally retarded students and would instill a deeper knowledge of methods and materials to use when dealing with these special people. Special education teachers would be exposed to vocational areas,

Thus increasing their abilities to prepare the EMR to be self-supporting for the world of work (Hartley, 1978).

An outstanding vocational program is conducted for the EMR at the Kern Unified School Districts (Jordan, 1978). Students are transported from many of the high schools to a vocational training center. The unique aspect of this program is that the special education teachers on the staff learned the job skills by working on the jobs before they began to teach the EMR. After skill training the EMR were taken to the work area with employers and performed necessary job tasks. The employers observed their performances and certified their capability to perform before they were given certification and completed the program. Each student that was certified had a document signed by an employer stating that the student could perform specific jobs. This is much more valid and useful than a high school diploma.

In a study focused on the work adjustments of EMR students at the Venango County Area Vocational-Technical School instructors indicated that EMR students, as a group, to be performing within the broad range of average classroom performance. It was reported that out of 85 EMR students 21.5 percent of the EMR students were rated in the unacceptable/below average range of classroom performance, 46.7 percent in the average range, and 31.8 percent in the above average/superior range. However, the study also indicated a need to strengthen EMR vocational competencies in areas of independence from supervision, under-

standing oral instruction, concentration ability, quality of work and quantity of work (Dietrich, 1978). Thus, further con- concluding the need for cooperative programs between special and vocational teachers.

Conclusion

A major objective of all educators, must be to provide quality career preparation and vocational education that will adequately serve and develop the EMR to a point of maximum self-sufficiency. This can best be done through a carefully co-ordinated and articulated program at the secondary level. This program will provide the educable mentally retarded with a solid foundation for future skills necessary for work.

The EMR has proven himself to be a dependable, trustworthy and loyal worker. To continue these positive characteristics, it is imperative that the EMR receive a continuous program of career orientation and preparation.

Chapter III

Introduction

The multi-occupational program at Oneida County B.O.C.E.S. is designed to provide pre-vocational experiences for students, who, under normal circumstances, would not be ready to undertake a regular occupational program without rather intensive pre-vocational training.

EMR students in the Oneida B.O.C.E.S. program are exposed to four clusters (Food Services, Floral Design, Offset Lithography, and Child Care), each lasting ten weeks for a total of one school year. Upon completion of the multi-occupational program, the EMR student then selects one of these four clusters as an area of concentration. The following shows the number of EMR students in the cluster of their choice from 1976 through 1979 school year.

1976-1977

Course	Number of Students
Food Services	1
Floral Design	1
Child Care	2
Offset Lithography	1

1977-1978

Course	Number of Students
Food Services	3
Floral Design	2
Child Care	1
Offset Lithography	1

1978-1979

Course	Number of Students
Food Services	3
Floral Design	1
Child Care	1
Offset Lithography	0

Total = 17 Students

This was originally to be a one year study of the EMR student in a multi-occupational program at the Oneida County B.O.C.E.S. Due to the decrease in numbers of EMR students in the 1978-1979 program, it was decided to expand the study two more years. By taking in students from the 1976-1977 and 1977-1978 multi-occupational programs, the population of this study was increased from 7 to 17 and from 3 to 4 teachers.

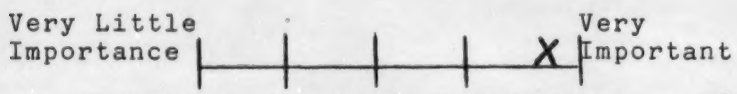
Method of Selecting the Data
(The Questionnaire)

DIRECTIONS

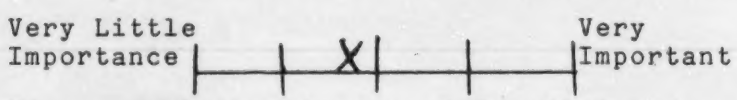
Rate the following as indicated:

Example: Question 5 asks you to rate the types of evaluative instruments used to maintain a continuous system of evaluation and monitoring of the EMR students competency attainment.

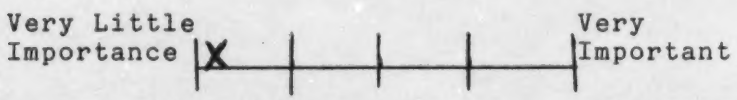
A) If you feel that Paper and Pencil Tests are very important in maintaining a continuous system of evaluating and monitoring of the EMR students competency attainment, then place an "X" as shown.



B) If you feel that Paper and Pencil Tests are of medium importance in maintaining a continuous system of evaluating and monitoring of the EMR students competency attainment, then place an "X" as shown.



C) If you feel that Paper and Pencil Tests are of very little importance in maintaining a continuous system of evaluating and monitoring of the EMR students competency attainment, then place an X" as shown.



1. First year of teaching: 19____

2. Year in which you first taught the Educable Mentally Retarded students: 19____

3. What type of certification do you hold?

   A. Certificate of Qualification _____
   B. Provisional _____
   C. Permanent _____
   D. Other _____ Please Specify: _____

4. Indicate below the educational areas in which you are certified.

   A. Vocational Education _____
   B. Special Education _____
   C. Other _____ Please Specify: _____
   D. None _____

5. Please rate the importance of the following types of evaluative instruments used to maintain a continuous system of evaluation and monitoring of the EMR students competency attainment.

   A) Paper and Pencil Tests (Teacher Made)

   Very Little Importance |—|—|—|—|—| Very Important

   B) Standardized Tests (Vocational)

   Very Little Importance |—|—|—|—|—| Very Important

   C) Manual Dexterity Tests (Standardized)

   Very Little Importance |—|—|—|—|—| Very Important

   D) Behavior Analysis Techniques (Conducted through observations of the student in the classroom setting)

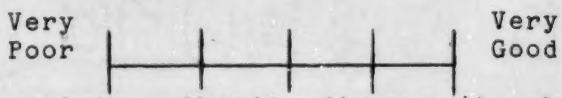
   Very Little Importance |—|—|—|—|—| Very Important

   E) Hands on Experiences (through observations of performance in the classroom setting)

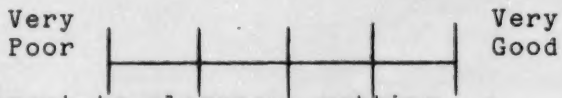
   Very Little Importance |—|—|—|—|—| Very Important

6. Please rate how your EMR students tend to cope with the following.

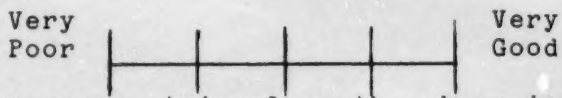
A) Adjustment to other students



B) Adjustment to authority figures (teachers, principals, etc.)



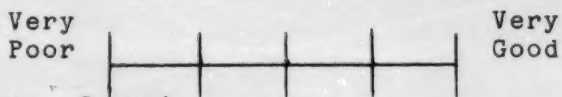
C) Adjustment to classroom setting



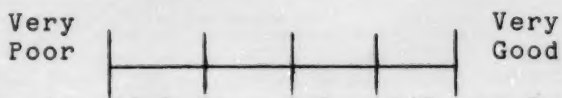
7. The situation assessment involves the observing of the EMR student in an actual work situation. Please rate how your EMR students function with the following items.

A) Ability to learn new tasks

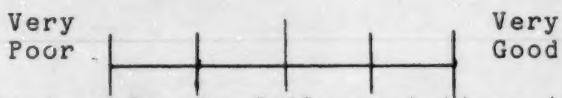
B) Ability to maintain a steady work pace or rate



C) Accuracy of work



D) Ability to stick to a job until completed or told to discontinue



E) Ability to tolerate failure at times (frustration level)

8. Please rate how your EMR students tend to relate to each of the following items.

A) Realization that adults work

Limited Understanding — Very Good Understanding

B) Is aware that different skills and knowledges are required to perform different jobs

Limited Understanding — Very Good Understanding

C) Is aware of job possibilities in the community

Limited Understanding — Very Good Understanding

D) Knows about one or more agencies that help individuals with training

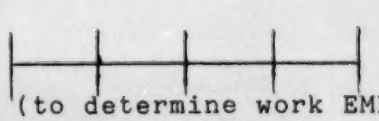
Limited Understanding — Very Good Understanding

E) Knows about one or more agencies that help individuals with finding jobs

Limited Understanding — Very Good Understanding

9. Please rate the following as they relate to the roles taken by various community agencies (OVR, N.Y.S. Office of Vocational Education, N.Y.S.Employment Office, N.Y.S. Dept. of Social Services, etc.) in contributing to the career development of the EMR student while in the multi-occupational program.

A) Vocational Evaluation (to determine work EMR is best suited for)

Very Limited Contribution  Very Strong Contribution

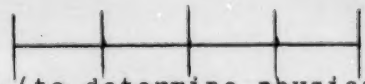
B) Vocational Guidance (to determine work EMR is best suited for)

Very Limited Contribution Very Strong Contribution

C) Help in finding Employment

Very Limited Contribution Very Strong Contribution

D) On the Job-Follow-Up

Very Limited Contribution  Very Strong Contribution

E) Medical Examination (to determine physical problems)

Very Limited Contribution Very Strong Contribution

Part II

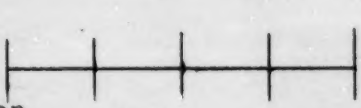
1. To the best of your knowledge, what did the following student do upon completion of the multi-occupational program?

   The student _____

   A. entered full-time employment _____
   B. entered a work experience program _____
   C. entered a regular vocational program _____
   D. returned to the local school for further work towards graduation _____
   E. other _____ Please specify: _____
   F. not known _____

2. The following are several work habit type items which may or may not relate to the successful participation of EMR students in Regular Vocational Programs. Please rate how your EMR students in the 1978-1979 school year functioned with each of the following.

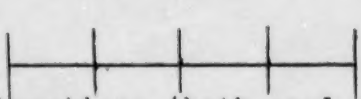
   A) Cooperation

   Very Poor  Very Good

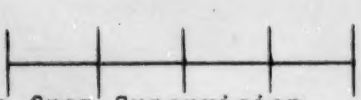
   B) Participation

   Very Poor Very Good

   C) Completion of Assignments

   Very Poor  Very Good

   D) Follows Instructions (both oral and written)

   Very Poor  Very Good

   E) Independence from Supervision

   Very Poor Very Good

Procedures for Conducting the Investigation

Upon completion of the questionnaire, it was given to five elementary school teachers. They were instructed how to evaluate the questionnaire, paying particular attention to ease of reading, comprehension of the questions being asked, and the logical sequencing of the questions. Of the five teachers, not one reported any difficulty in understanding what was being asked.

I contacted on an individual basis the four teachers at the Oneida County B.O.C.E.S. and explained to them the instructions for completing the questionnaire. They had no questions and were asked to return the questionnaire in one week's time.

When the completed questionnaires were returned, they were immediately studied, and a computer program was set up to analyze the data. The results of this data will be described in Chapter IV.

Chapter IV

Introduction

Of the four Oneida County B.O.C.E.S. teachers that responded to the questionnaire, all have been teaching for at least five years. All have permanent certification in their respective vocational areas, and one was also certified in an area outside her teaching assignment. Only that teacher was certified to teach the Educable Mentally Retarded student. It should also be noted, that all four teachers have been instructing the EMR students for the past five years.

Presentation of the Data

This chapter presents an analysis of data obtained from responses to the questionnaire. Teachers were asked to rate on a scale of 1 to 5, with 5 representing a high degree, and 1 a low degree, the importance of various items in the overall success and performance of EMR students in the multi-occupational program.

A series of Chi-squares were developed to determine if there was any relationship between the EMR's social development, and the skills needed to successfully cope with a regular vocational program or obtaining a job.

Lastly, teachers were to indicate where students went upon completion of the multi-occupational program.

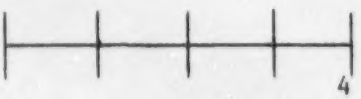
Analysis of the Data

Teachers in this study used the following scales to rate the EMR in their programs. These same scales will aid you in interpreting the data that proceeds:

For Question 5:

1 = very little importance
2 = little importance
3 = average importance
4 = important
5 = very important

For Questions 6 and 7:



1 = very poor
2 = poor
3 = average
4 = good
5 = very good

For Question 8:

1 = limited understanding
2 = some or fair understanding
3 = average understanding
4 = good understanding
5 = very good understanding

For Question 9:

1 = very limited contribution
2 = limited contribution
3 = average contribution
4 = strong contribution
5 = very strong contribution

*Mean Scores indicate the average of the ratings given the EMR by teachers responding to the questionnaire.

The first question in which teachers were asked to rate certain items was question five. It asked teachers to rate the importance of five evaluative instruments used to maintain a continuous system of evaluation and monitoring of the EMR students competency attainment.

The first instrument to be rated were Paper and Pencil Tests. Fifty percent of the teachers rated them a 2, which indicated little importance, and the other fifty percent rated them a 3 or average importance. The second instrument, Standardized Tests, received a rating of average importance by seventy-five percent of the teachers, and a rating of very little importance by the remaining twenty-five percent. Manual Dexterity Tests were rated to be very important by fifty percent of the teachers. Twenty -five percent rated them average importance and the remaining twenty-five percent rated them a 2 or little importance. Behavior Analysis Techniques were judged to be of average importance by twenty-five percent of the teachers, and seventy-five percent rated them to be very important. Lastly, Hands on Experiences were rated important by fifty percent of the teachers and rated very important by the other fifty percent.

Both Behavior Analysis Techniques and Hands on Experiences had mean scores of 4.5 which indicates that all teachers found these instruments important in maintaining a continuous system of evaluation and monitoring of the EMR students competency attainment.

The sixth question asked the teachers to rate how the EMR student tended to cope with each of the following:

(A) Adjustment to other students:
Fifty percent of the teachers rated the EMR student average, and the remaining fifty percent rated the students to be good.

(B) Adjustment to authority figures:
Twenty-five percent rated the EMR average, another twenty-five percent rated him good, and the remaining fifty percent rated the EMR very good.

(C) Adjustment to classroom setting:
Fifty percent of the teachers rated the student average, and the other fifty percent good.

Overall, the EMR obtained mean scores of 3.5 or better, which indicates that these students have better than average success in adjusting to other students, authority figures, and classroom settings.

Question seven describes the situation assessment (which involves the observing of the EMR student in an actual work situation) and asks the teacher to rate the ability of the EMR to function with certain assessment items.

The first is the ability to learn new tasks. Fifty percent of the teachers rated the EMR good in this area. Twenty-five percent rated him average, and the remaining twenty-five percent rated the EMR poor. The second item is the ability to maintain a steady work pace or rate. Again, fifty-percent rated the EMR student good, twenty-five percent average, and the remaining twenty-five percent poor. Item three, accuracy of work, was rated average by fifty percent of the teachers, good by twenty-five percent and poor by the other twenty-five percent.

The ability to stick to a job until completed or told to discontinue was rated good by fifty percent of the teachers, average by twenty-five percent and poor by the remaining twenty-five percent. The last item, the ability to tolerate failure at times, the EMR was rated poor by seventy-five percent of teachers and good by twenty-five percent.

The ability to learn new tasks, the ability to maintain a steady work pace, the ability to stick to a job and accuracy of work had mean scores of 3.2 which indicates a slightly better than average ability of the EMR to cope with these items. On the other hand, the mean score for the ability to tolerate failure was 2.5 or slightly better than poor.

It should be noted that one teacher did not respond to questions 8 and 9. Therefore, all information reported for these questions will be based on the responses of three teachers.

Question eight asked teachers to rate how the Educable Mentally Retarded student tended to relate to each of the following items.

The first being the realization that adults work. Sixty-seven percent of the teachers felt the EMR had an average understanding of this item. The remaining thirty-three percent rated the EMR with good understanding. The secont item, awareness that different skills and knowledges are required to perform different jobs, sixty-seven percent rated the EMR average in understanding this concept, and thirty-three percent rated him with good understanding. The third item, an awareness of job

possibilities in the community, sixty-seven percent of the teachers rated the EMR with some understanding and the remaining thirty-three percent with average understanding. The next item, knows about one or more agencies that help individuals with training, sixty-seven percent of the teachers rated the EMR with average understanding of this concept, and the remaining thirty-three percent with fair understanding. Lastly, knowledge about one or more agencies that help individuals with finding jobs, sixty-seven percent gave the EMR a rating of fair understanding, and thirty-three percent average understanding.

Mean scores for the first two items of question eight was 2.3 indicating a better than average understanding of those concepts. For the last three items, the mean scores ranged from 2.3 to 2.5, indicating a less than average understanding.

The ninth question asked teachers to rate the following as they relate to the roles taken by various community agencies (N.Y.S. Office of Vocational Rehabilitation,N.Y.S. Employment Office, N.Y.S. Dept. of Social Services, etc.) in contributing to the career development of the EMR student while in the multi-occupational program.

The first, vocational evaluation, was seen by thirty-three percent of the teachers as receiving a very limited contribution by outside agencies. Another thirty-three percent rated outside agencies as making a limited contribution to the vocational evaluation process. On the other hand, the remaining thirty-three percent, rated them in making a very strong contribution.

Next came vocational guidance, again, thirty-three percent felt that outside agencies represented a very limited contribution, thirty-three percent a limited contribution and the remaining thirty-three percent a strong contribution. The third area, help in finding employment, sixty-seven percent of the teachers rated outside agencies as making a limited contribution in helping the EMR find employment. The remaining thirty-three percent rated them as making a very strong contribution. The fourth, on-the-job follow-up, again sixty-seven percent rated outside agencies as making a limited contribution and thirty-three percent a very strong contribution. Lastly, was the medical examination, in which outside agencies were rated by sixty-seven percent of the teachers as making a strong contribution and the remaining thirty-three percent rated them in making a limited contribution.

Mean scores for help in vocational evaluation and guidance of the EMR by outside agencies ranged from 2.3 to 2.6 or stated another way, below average. For help in employment and job follow-up, the mean score for both was 3.0 or average, and for the medical examination, the mean score was 3.3 or slightly above average.

Data at this point was obtained through a series of Chi-squares, in order to determine if certain components of the questionnaire appeared to be statistically significant when compared to each other. Please note that the tables used were so sparse that the Chi-squares may not be valid.

The following group comparisons were made from the questionnaire.

Group I			Chi-Square Probability
A.	Question 6A.	Adjustment to other students compared to	
	" " 7A.	Ability to learn new tasks	0.2500
B.	Question 6A.	Adjustment to other students compared to	
	" " 7B.	Ability to maintain a steady work pace	0.2500
C.	Question 6A.	Adjustment to other students compared to	
	" " 7C.	Accuracy of work	0.2500
D.	Question 6A.	Adjustment to other students compared to	
	" " 7D	Ability to stick to a job	0.2500
E.	Question 6A.	Adjustment to other students compared to	
	" " 7E.	Ability to tolerate failure	0.2500

Comments: All components of this one group have probability levels of 0.2500, all above the .05 level. Thus, indicating the acceptance of a null hypothesis which shows that there is no relation between these variables. Stated another way, the probability ratio of this group, is 25 out of 100 times, that they occurred by chance alone, therefore making these comparisons not significant at the .05 level.

Group II			Chi-Square Probability
A.	Question 6B.	Adjustment to authority figures compared to	
	" " 7A.	Ability to learn new tasks	0.0806
B.	Question 6B.	Adjustment to authority figures compared to	
	" " 7B.	Ability to maintain a steady work pace	0.2358
C.	Question 6B.	Adjustment to authority figures compared to	
	" " 7C.	Accuracy of work	0.0806
D.	Question 6B.	Adjustment to authority figures compared to	
	" " 7D.	Ability to stick to a job	0.2358
E.	Question 6B.	Adjustment to authority figures compared to	
	" " 7E.	Ability to tolerate failure	0.4219

Comments: Again, all components of this group have probability ratios above .05. Thus indicating that there is little evidence suggesting a relationship between these variables. (accept the null hypothesis)

Group III			Chi-Square Probability
A.	Question 6C.	Adjustment to classroom setting compared to	
	" " 7A.	Ability to learn new tasks	0.0625
B.	Question 6C.	Adjustment to classroom setting compared to	
	" " 7B.	Ability to maintain a steady work pace	0.2500
C.	Question 6C.	Adjustment to classroom setting compared to	
	" " 7C	Accuracy of work	0.0625
D.	Question 6C.	Adjustment to classroom setting compared to	
	" " 7D	Ability to stick to a job	0.2500
E.	Question 6C.	Adjustment to classroom setting compared to	
	" " 7E.	Ability to tolerate failure	0.1025

Comments: Once again, all components of this group (6C through 7E) have probability levels above .05. Thus indicating that there is little evidence suggesting a relationship between these variables. However, it should be noted, that both A and C of this group are very close to the .05 level of significance.

Group IV			Chi-Square Probability
A.	Question 6A.	Adjustment to other students compared to	
	" " 8A.	Realization that adults work	0.1011
B.	Question 6A.	Adjustment to other students compared to	
	" " 8B.	Aware of skills and knowledges needed to perform different jobs	0.1011
C.	Question 6A.	Adjustment to other students compared to	
	" " 8C.	Aware of job possibilities in the community	0.1011
D.	Question 6A.	Adjustment to other students compared to	
	" " 8D.	Knows about one or more agencies that help individuals with training	0.1011
E.	Question 6A.	Adjustment to other students compared to	
	" " 8E.	Knows about one or more agencies that help individuals in finding jobs.	0.1011

Comments: All components of this group have probability levels above the .05 level. Once again, indicating that there is little evidence suggesting a relationship between these variable.

Group V			Chi-Square Probability
A. Question 6B.		Adjustment to authority figures compared to	
"	" 8A.	Realization that adults work	0.0407
B. Question 6B.		Adjustment to authority figures compared to	
"	" 8B.	Aware of skills and knowledges needed to perform different jobs	0.0407
C. Question 6B.		Adjustment to authority figures compared to	
"	" 8C.	Aware of job possibilities in the community	0.1011
D. Question 6B.		Adjustment to authority figures compared to	
"	" 8D.	Knows about one or more agencies that help individuals with training	0.0407
E. Question 6B.		Adjustment to authority figures compared to	
"	" 8E.	Knows about one or more agencies that help individuals in finding jobs	0.1.11

Comments: For A, B and D of this group, we would reject the null hypothesis, because the likelihood ratio of the Chi-square is significant at the .04 level. In other words, there is a relationship between the variables 6B (Adjustment to authority figures) compared to 8A, 8B and 8D. Both C and E of this group have probability levels above .05, therefore <u>not</u> being significant.

Group VI			Chi-Square Probability
A.	Question 6C.	Adjustment to classroom setting compared to	
	" " 8A.	Realization that adults work	0.0407
B.	Question 6C.	Adjustment to classroom setting compared to	
	" " 8B.	Aware of skills and knowledges needed to perform different jobs	0.0407
C.	Question 6C.	Adjustment to classroom setting compared to	
	" " 8C.	Aware of job possibilities in the community	0.1011
D.	Question 6C.	Adjustment to classroom setting compared to	
	" " 8D.	Knows about one or more agencies that help individuals with training	0.0407
E.	Question 6C.	Adjustment to classroom setting compared to	
	" " 8E.	Knows about one or more agencies that help individuals find jobs	0.1011

Comments: Once again, A,B and D of this group shows evidence that there is a significant relationship between these variables. C and E of this group, are above the .05 level, thus indicating little relationship between these variables.

This part of the analysis of the data will concern itself with Part II of the Questionnaire. (Refer to Chapter III).

Question one asked teachers to indicate with the best of their knowledge, what individual students did upon completion of the multi-occupational program.

It was reported by the teachers, that fifteen out of seventeen students or 89 percent in the programs from 1976 through 1979 entered a regular vocational program at the Oneida County B.O.C.E.S. One of the seventeen students who was to enter this same vocational program, died during the multi-occupational program, and one other had dropped out, with teachers not knowing where she went.

The second question of Part II asked teachers to rate several work habit type items which may or may not relate to the successful participation of EMR students in regular vocational programs. (Teachers were to rate only those students in their 1978-79 programs).

The first item was cooperation. Forty percent of the teachers rated that EMR students were average in this area. Another forty percent stated that they were good, and the remaining twenty percent rated the EMR very good. The second item, participation, sixty percent of the teachers rated the EMR average, thirteen percent poor, thirteen percent good, and the remaining thirteen percent very good. Item three, completion of assignments, fifty-three percent rated the EMR average, twenty percent good, thirteen percent very good, and the other

thirteen percent poor. The fourth item, ability to follow instructions, seventy-three percent rated the EMR average, seven percent poor, seven percent good, and the remaining thirteen percent very good. The last item, independence from supervision, sixty-seven percent rated the EMR average, twenty percent poor, and thirteen percent very good.

According to the ratings given the EMR student by their teachers in question 2, they obtained an overall mean score of 3.3. This indicates that the EMR student has a slightly better than average ability to deal with these five items and could further indicate his/her ability to successfully handle a regular vocational program.

Chapter V

Restatement of the Paper

EMR students are very much like other children. They have the same normal needs of all children for a secure home, friendship, recreation, self-identity, community support, successful school experiences, and a vocation. They can achieve reasonable literacy, obtain and hold jobs, and develop personal and social skills necessary to acquire meaningful, adulthood adjustments.

Often the EMR has been perceived as a troublesome and disruptive source in the school setting. However, when the school program is designed to meet the unique needs and abilities of these special students,the offending social and behavioral difficulties are lessoned.

The preparation of the educable mentally retarded for meaningful employment has also become an educational concern in recent years. This all started with the Vocational Education Act of 1963, and continued with the "68" Amendments, the Vocational Rehabilitation Act of 1973 and the Education of All Handicapped Act of 1975. By providing career preparation to the EMR, they will continue to become useful and productive citizens.

Career preparation of the EMR requires all members of the school community to share in each students career development. This means that classroom teachers will need to better understand the EMR's needs and how to work with them. The family

and other community personnel will have to exhibit acceptance and stimulation for the EMR which will greatly aid in the growth and development of this special student.

The educable mentally retarded student has encountered many barriers to their acceptance by industry upon leaving high school. Their success or failure in employment may depend on the type of career experiences learned during the secondary school years. Therefore, career preparation for the EMR must be planned in view of their distinctive limitations and considerations must be given to meeting their future occupational needs.

Past maladjustment in school has often been attributed to the lack in ability of the EMR to satisfy his achievement needs. Vocational education can fullfill this achievement when these students are given a chance to enjoy activities and are able to see a purpose in what they are doing. The hands on experiences offered by vocational education, and its relationship to the world of work, make it the best place for EMR students seeking job entry skills. These students must be allowed to maximize their potential through training opportunities if they are to become self-producing members of our society. If vocational skills are not offered to the EMR, our society will pay for the loss with higher unemployment, welfare and apathy.

If vocational instruction is to be successful, it must reach out beyond the confines of school. It must involve all resources in a community. The closer the EMR gets to learning

actual work, the better his/her chances are to acquire job skills quickly, accurately and effectively.

At the Oneida County B.O.C.E.S., EMR students participated in the multi-occupational program. Teachers indicated that they had above average ability in adjusting to other students, authority figures and classroom settings. They demonstrated above average ability to maintain a steady work pace, accuracy of work, and the ability to stick to a job. The EMR also showed above average ability in understanding the concepts that people must work for a living, and that different skills and knowledges are required to perform different jobs. In the area of work habits, the EMR demonstrated at least average ability in cooperation, participation, following instructions, completion of assignments, and independence from supervision.

Upon completion of the multi-occupational program, students could possibly return to the local school for further work towards graduation; enter a work experience program; enter full-time employment; or enter a regular vocational program.

After the analysis of the data obtained from the questionnaire given to the teachers, it was established that 15 out of 17 or 89 percent of the EMR students entered a regular vocational education program.

Conclusions

The purpose of this study was to determine how the multi-occupational program at the Oneida County B.O.C.E.S. enabled high school EMR students to meet one or more of the following objectives:

(A) enter a regular vocational program at the B.O.C.E.S. Center;

(B) be placed in a work experience program;

(C) enter full-time employment;

(D) return to the local school for further work toward high school graduation.

As already stated, 15 out of 17 or 89 percent of the EMR students, that completed the multi-occupational program, entered a regular vocational program.

Furthermore, on the basis of the information collected and analyzed for this study, it appears safe to state that the EMR student has performed with at least average ability in the multi-occupational program, and is being sufficiently prepared to succeed in a full-time vocational program at the Oneida County B.O.C.E.S.

Recommendations and Suggestions

The following recommendations and suggestions are based upon information obtained from the questionnaire.

(1) Better prepare the EMR student to tolerate failure. This can be done by assigning them tasks that they can achieve in and see a purpose in doing.

(2) Better acquaint the student about various jobs available in the community. This can be accomplished by teaching the student how to locate and use newspaper want ads. Also a visit to the local employment office.

(3) Better acquaint the student to the various agencies that help individuals with training and finding jobs. Again, visit the local employment office, contact the Office of Vocational Rehabilitation and bring in guest speakers from the various agencies in the community.

(4) Attempt to get more help from outside agencies to aid in the areas of vocational guidance and evaluation. Again, contact the Office of Vocational Rehabilitation and others.

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